

was discharged. A mixture of tincture of iodine, iodide of potassium, and water, was injected; and a cure was produced in fourteen days.—*Ibid.*, from *Berliner Klinische Wochen.*, 7 August, 1865.

24. *Multiple Neuromata Affecting the Nerves both within and external to the Spinal Canal, some of the Tumours being of a Cystic Nature.*—A case of this was communicated to the Royal Med. and Chir. Soc. (Jan. 23, 1866) by Mr. S. W. SIBLEY. It was submitted as being a remarkable example of the cystic form of nerve-tumour, and as an illustration of the extraordinary multiplicity which is sometimes observed in this form of disease. The subject of the disease was a coach-painter, who died at the age of forty-five in the Middlesex Hospital, under the care of Mr. Henry. The patient had enjoyed good health till seven years before his death, when he became less strong, but had no definite symptoms till four years ago, when the use of his lower extremities became impaired, and by degrees he lost all power of movement. He had also suffered from sloughing of the back. When admitted into the hospital he had no power over the voluntary muscles of the lower half of the body, the legs being contracted and drawn up. He retained some power of motion over his upper extremities, being able to feed himself if his food were first cut up for him. Cutaneous sensibility was quite absent in the lower extremities; but he was able to feel to a certain extent with his hands. The urine and the feces were passed involuntarily. A large tumour was observed below the elbow, and another below Poupart's ligament on the left side. He died after he had been in the hospital a month.

At the post-mortem examination there was no disease of the viscera of the chest or abdomen. The brain and the cranial nerves were healthy. On opening the spinal canal a number of tumours were observed connected with the nerves within the membranes of the cord. In the cervical region there were several tumours, and the largest of these (about the size of a large nut) had pressed upon the spinal cord, which at this point was extremely constricted and softened. There were also many neuromata in connection with the nerves in the lower part of the cord. In some places these were so numerous as to present the appearance of beads strung on a thread. The large tumour which was observed during life below Poupart's ligament was found to be connected with the anterior crural nerve. It was inclosed in a fibrous capsule, and on section presented the appearance of a fibro-cellular tumour interspersed with cysts. These cysts were of various sizes, the largest being about the size of an egg, and partly filled with imperfectly organized blood-clots. A second smaller cyst was filled with gelatinous material. The remaining small cysts were filled with clear serous fluid.—*Lancet*, Feb. 10, 1866.

25. *On Putrid Infection complicating certain Simple Fractures of the Jaw.*—In a communication to the Paris Surgical Society M. RICHER drew attention to this subject, which he believed has been overlooked by all writers on surgery. Its purport is summed up in his conclusions: 1. Fracture of the lower jaw, when the alveolar-gingival periosteum has been lacerated, and there is also a displacement of the fragments, should not be regarded as a simple but as a compound fracture, since the seat of fracture communicates with the cavity of the mouth, that is to say, both with the external air and the salivary fluids. 2. Besides purulent secretion at the seat of fracture, and the various complications of neighbouring abscesses, osteitis, necrosis, or delay in reunion, observed and described by authors (but which I believe to be of much more frequent occurrence than is generally admitted), there are other accidents of a general character which may become very serious and even fatal. 3. These general accidents, characterized by scarcely perceptible and irregular shivering, putridity of the breath, diarrhoea, vomiting, &c., when they terminate fatally do not leave any traces discoverable after death. 4. These general symptoms cannot be referred either to purulent infection, properly so called, or to typhoid fever. They are due to a kind of septicæmia or putrid intoxication, which I think should be termed acute to distinguish it from what was formerly called hectic fever.

The best means of preventing this very serious complication is the maintenance of the fragments in a state of complete immovability after the reduction of the fracture; and this may be best done by means of ligatures applied to the teeth. Even when the symptoms are very far advanced they may be arrested by this means, as proved by a case related in the paper. M. Dolbeau also informed its author that he had seen very formidable symptoms of putrid infection disappear in two cases after incisions had been made in a dependent position. At a subsequent meeting of the society, M. Chassaignac pointed out that he had in his work on suppuration fully described this serious complication of fracture of the jaw, and its treatment by means of drainage tubes. Nevertheless, it is certain that the occurrence is far from being generally recognized; fractures of the lower jaw being usually regarded as of little consequence, and certain to do well. Yet, of 27 cases, collected by Malgaigne from the registers of the Hôtel Dieu, 4 proved fatal; and of 10 cases observed by M. Richet, 2 were followed by death by reason of this putrid intoxication.—*Brit. and For. Med.-Chir. Rev.*, April, 1866, from *Gazette des Hôpitaux*, 1865, Nos. 117 and 124.

26. *Impacted Fracture of the Neck of the Femur; Recovery with firm Union, and a freely movable Joint; Limb slightly shortened.*—The following uncommon case reported in the *Medical Times and Gazette* (April 14, 1866), which occurred under the care of Mr. GANT, at the Royal Free Hospital, well exemplifies the suggestions of pathology in the *diagnosis* of an obscure form of injury to the hip. It will be observed that there was in this case an absence or nearly so of all the symptoms usually enumerated as characteristic of this injury except shortening of the limb, and this existed only to the extent of about a half an inch in the first instance. All the other symptoms were reduced to their lowest degree, so as to almost escape observation; yet this very negation of the usual symptoms suggests our diagnosis. Observing some degree of shortening after recent injury; without eversion of the limb, or scarcely any; without alteration of the contour of the joint itself, or scarcely any; without perceptible crepitation or alteration of mobility at the seat of injury, and without much power to raise the limb; then we have before us a case of impacted fracture. The pain and partial inability to use the limb may point to sprain as the kind of injury which the hip-joint has sustained, but the shortening without the concomitant symptoms of fracture assure us of the presence of an *impacted* fracture.

W. C., aged 48, labourer, admitted October 4, 1865, was knocked down by a drunken man in the street. He (the patient) fell on the pavement, striking his right hip, and with the leg twisted under him. On attempting to arise, he found he had no power in the right leg, which felt, as he described it, a "dead weight" to him. Any attempt at moving it also caused great pain in the hip.

He was brought to the hospital, and on examining him in the recumbent position, the following symptoms presented themselves. The limb is slightly shortened—not more than half an inch less in length than the left—and it is slightly everted; but there is no marked flattening of the joint, the great trochanter being quite preceptible, although a little higher in position than on the left side; nor, on the other hand, is there any notable contusion or swelling. No crepitation or preternatural mobility can be felt on rotating the limb and grasping the trochanter. Lastly, there is not total inability on the part of the patient to use his limb. He can lift it off the bed to a height of some inches, and lower it again pretty steadily, though the movement is evidently attended with great pain.

The limb was allowed to remain at rest for two or three days until the immediate effects of the injury had passed off, and the hip would bear the pressure of a splint.

October 8.—It was noticed that the limb had shortened upwards of half an inch more, making the whole extent of shortening upwards of an inch. It was also then specially noticed that the shortening could not be altogether overcome, and the limb brought to its proper length, by extension.

A long splint was applied with a perineal band, and by tightening this occasionally to increase the extension, the limb was gradually brought down to only